

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 12:24

DOCUMENT # P00000024725

1. Corporation Name

DR. COOL, INC.

2. Principal Office Address

1113 WALLACE DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33444

Country

PALM BEACH COUNTY

3. Mailing Office Address

1113 WALLACE DRIVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33444

Country

PALM BEACH COUNTY

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/03/2000

5. FEI Number

65-1019982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AARON N. BAUDREE

700004642107-2

Street Address (P.O. Box Number is Not Acceptable)

1113 WALLACE DRIVE

10/18/01 01870 014

****750.00 ****750.00

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Aaron N. Baudree
REGISTERED AGENT MUST SIGN

Date 9/30/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	AARON N BAUDREE	11 COLONIAL CLUB DR	BOYNTON BEACH FL 33435
VP	ANDREA CAYSON	219 SW 3rd AVE	BOYNTON BEACH FL 33435
T	ADRIANA RUGGERI-ROSSANO	951 DELRAY LAKES DR	DELRAY BEACH FL 33444

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AARON N. BAUDREE - PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/01

Date

(561)

330-0158

Daytime Phone #

CR2E081 (9/00)